

NORTH CAROLINA DEPARTMENT of TRANSPORTATION**DETERMINATION of ASPHALT DRAINDOWN CHARACTERISTICS**

DATE: _____ SAMPLE NUMBER: _____

PROJECT NO. _____ COUNTY: _____

JMF NUMBER: _____ MIX TYPE: _____

BINDER CONTENT: _____ FIBER PERCENT: _____

FIBER TYPE: _____ FIBER SOURCE: _____

CURING TIME:

TEMPERATURE:

TIME IN: _____

MIXING: _____

TIME OUT: _____

CURING: _____

WEIGHT OF EMPTY PAN: [A] _____ gms.

WEIGHT OF EMPTY BASKET: [B] _____ gms.

WEIGHT OF BASKET & MIX: [C] _____ gms.

WEIGHT OF SAMPLE: [D] = (C - B) _____ gms.

WGT. OF PAN & DRAINDOWN: [E] _____ gms.

WEIGHT OF DRAINDOWN: [F] = (E - A) _____ gms.

PERCENT DRAINDOWN: (F / D) x 100

%

COMMENTS: _____

TEST PERFORMED BY: _____

SIGNATURE AND QMS CERTIFICATION NO.: _____

* NOTE: BY PROVIDING THIS DATA UNDER MY SIGNATURE AND/OR HICAMS CERTIFICATION NUMBER,
I ATTEST TO THE ACCURACY AND VALIDITY OF THE TEST DATA CONTAINED ON THIS FORM AND
CERTIFY THAT NO DELIBRIATE MISREPRESENTATION OF TEST RESULTS IN ANY MANNER HAS OCCURRED.